

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

August 17, 2023

[REDACTED], ADMINISTRATOR
LOYALHANNA HEALTH CARE ASSOCIATES
[REDACTED]

RE: LOYALHANNA SENIOR SUITES &
PERSONAL CARE
543 MCFARLAND ROAD
LATROBE, PA, 15650
LICENSE/COC#: 44659

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2023, 07/19/2023, 07/20/2023, 07/24/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LOYALHANNA SENIOR SUITES & PERSONAL CARE **License #:** 44659 **License Expiration:** 04/10/2024
Address: 543 MCFARLAND ROAD, LATROBE, PA 15650
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: LOYALHANNA HEALTH CARE ASSOCIATES
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 11/30/2014 **Issued By:** Derry Twp.

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 64 **Waking Staff:** 48

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 07/24/2023

Inspection Dates and Department Representative

07/18/2023 On Site [REDACTED]
07/19/2023 On Site [REDACTED]
07/20/2023 Off Site [REDACTED]
07/24/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 43

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 43
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 21 **Have Physical Disability:** 0

Inspections / Reviews

07/18/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/07/2023

Inspections / Reviews (*continued*)

08/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/17/2023

08/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/17/2023

08/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED]/23 at 12:35 p.m., there were lab reports containing confidential information for resident #1, and 24 hour reports containing personal information for multiple residents, unlocked and accessible on top of the 3rd floor nursing station desk.

On [REDACTED]/23 at 4:28 p.m., records were unlocked and accessible in the 3rd floor charting room, including physician orders, medical evaluations, and assessments and support plans for all of the residents.

REPEAT VIOLATION: 3/14/2022

Plan of Correction

Accept [REDACTED] - 08/10/2023)

Everything will be maintained and locked in 3rd floor charting room, including physician orders, medical evaluations, and assessments and support plan for all the residents when not in use

Random daily checks will be done by Administrator or designee for 2 weeks then weekly for 1 week then monthly for 6 months

Staff education was completed on 7/25/23

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] 08/17/2023)

25b - Contract Signatures

2. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #2's contract, dated [REDACTED], was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 08/10/2023)

A resident checklist will be completed, by Administrator or designee for all new admissions to ensure that all paperwork is completed and signed. Paperwork will be verified by Wellness Director or designee within 72 hours of admission

Checklist will be completed and verified for all admissions from January 1, 2023. to ensure for accuracy and completion Audit of charts will be completed by 8/18/23

Staff educated on admission process and how to review and use admission checklist

Contract signed by resident on 7/21/23

Licensee's Proposed Overall Completion Date: 08/08/2023

25b - Contract Signatures (continued)

Implemented () 08/17/2023)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person B, hired ()/21, did not receive the following required training topics during the 2022 training year:

- Infection control/cleanliness/immobility concerns
- Safe management techniques

Plan of Correction

Accept () - 08/10/2023)

New hire/annual training checklist will be completed for all active employees

Human Resource or designee will monitor the checklist monthly to ensure all staff are trained, as scheduled

Audit will be conducted of all active employee files to verify that trainings are up to date. New hire and active employee files will be audited weekly for 4 weeks and then monthly for 4 months - Employee chart audits will be completed by 8/15/23

All employees were educated on annual requirements on

Staff member B was educated on Infection Control on 7/31/23

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented () 08/17/2023)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person B, hired (), did not receive the following required training topics during the 2022 training year:

- Fire safety by a fire safety expert or a staff person trained by a fire safety expert
- Emergency preparedness procedures and recognition and response to crises and emergency situations
- Older Adult Protective Services Act (OAPSA)

Ancillary staff person C, hired (), did not receive the following required training topics during the 2022 training year:

- Resident Rights

Plan of Correction

Accept () - 08/10/2023)

New hire/annual training checklist for direct care persons, staff persons, substitute personnel and volunteers will be completed

65g - Annual Training Content (continued)

Human Resource or designee will monitor the checklist monthly to ensure all staff are trained, as scheduled Audit will be conducted of all active employee files to verify that trainings are up to date. New hire and active employee files including ancillary staff/substitute personnel, regular scheduled volunteers will be audited weekly for 4 weeks and then monthly for 4 months - Chart audits to be completed by 8/18/23

All employees/substitute personnel, regular scheduled volunteers were educated on annual requirements on 7/24/23 Staff person C was educated on Resident rights on 7/24/23 and Staff member B was educated on Fire Safety/Emergency Preparedness and Older Adult Protective Service Act on 7/31/23

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented [REDACTED] - 08/17/2023)

82c - Locking Poisonous Materials**5. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/19/23, a spray can of disinfectant, with a manufacturer's label indicating "First Aid: Call a poison control center or doctor for treatment advice," was unlocked and accessible to residents on the sink in the bathroom of 210.

On 7/19/23, multiple poisons were unlocked and unattended in the receiving room, including:

- Two 1-gallon jugs of Betco Untouchable floor finish with a manufacturer's label indicating "If swallowed, don't induce vomiting. Call a physician."
- A 1-gallon jug of Crown paint thinner with a manufacturer's label indicating "Ingestion: Immediately call a physician or poison control center."
- A 1-gallon jug of Zep Professional Floor stripper with a manufacturer's label indicating "First Aid: Eyes: Get medical attention immediately."

On 7/19/23, several poisons were unlocked and unattended in the bottom desk drawer of the 3rd floor nursing station, including:

- A 19 oz can of Lysol Disinfectant spray with a manufacturer's label indicating "Call a poison control center for treatment advice".
- Six containers of Disinfex Multipurpose Wipes with a manufacturer's label indicating "Call a poison control center for treatment advice."

Not all residents of the home, including resident #2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 08/11/2023)

Audit of poisonous materials being properly maintained will be done daily by housekeeping staff and/or designee on-going. Administrator or designee will do audits weekly

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented [REDACTED] - 08/17/2023)

85d - Trash Receptacles**6. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/19/23 at 11:48 a.m., there was a half full, uncovered trash can in the bathroom in 407.

Plan of Correction

Accept () - 08/10/2023)

Trash cans in the kitchen and bathrooms will be audited for accuracy. Those that do not meet the requirements will be removed and replaced with a trash can that meets the regulation.

Audit of trash cans in kitchen/bathrooms for accuracy will be done daily by housekeeping and/or designee for 4 weeks then weekly for 2 weeks then monthly

Education on 2600.85d was done on 7/25/23

Garbage can was removed in 407 on 7/19/23

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented () - 08/17/2023)

85e - Trash Outside Home**7. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/18/23, at 9:00 a.m., the first two trash dumpsters were uncovered and partially filled with trash.

Plan of Correction

Accept () - 08/10/2023)

Trash will be audited to ensure that the cover is down and fits properly. Those that do not will be removed and replaced by trash company

Audit of trash outside will be done daily by housekeeping staff and/or designee for 4 weeks and then weekly for 2 weeks and going forward it will be monthly

Education on Reg. 2600.85e was completed on 7/25/23

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented () - 08/17/2023)

102i - Soap Dispenser**8. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 7/19/23 at 11:48 a.m., there was an unlabeled, used bar of soap at the sink, and an unlabeled, used bar of soap in the shower stall in the shared bathroom of 406.

102i - Soap Dispenser (continued)**Plan of Correction**

Accept [REDACTED] - 08/10/2023)

All soap will be labeled in the shared bathrooms. Any soap that is not labeled will be thrown out accordingly
 Audit of soap being labeled in shared bathrooms will be done daily by housekeeping and/or designee for 4 weeks
 then weekly for 2 weeks and then monthly

Education on Reg 2600.102i was completed on 7/31/23

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented (JW - 08/17/2023)

103f - Refrigerator/Freezer Temps**9. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/18/23, the mini-refrigerator and refrigerator/freezer in the kitchen bar area did not have thermometers.

Plan of Correction

Accept [REDACTED] - 08/10/2023)

Thermometers will be placed and kept in all refrigerators/freezers located in the kitchen and other public areas
 Audits will be conducted to ensure the presence of thermometers weekly for 4 weeks then monthly for 2 months
 Education on 2600.103f was completed on 7/25/23

Thermometer was placed in the mini fridge under the bar area on 7/18/23

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] - 08/17/2023)

141a - Medical Evaluation**10. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse
 practitioner documented on a form specified by the Department, within 60 days prior to admission or within
 30 days after admission.

Description of Violation

The medical evaluation, dated [REDACTED], for resident #2 is blank in the areas of health status and cognitive functioning.

REPEAT VIOLATION: 3/14/2022

Plan of Correction

Accept [REDACTED] - 08/10/2023)

Medical evaluations will be completed accurately and timely
 Medical evaluations will be reviewed from January 1, 2023 to present to ensure they are completed completely and
 accurately. Going forward, medical evaluations for new admissions, change in status and annually will be audited
 weekly for 4 weeks and then monthly for 4 months to ensure they are filled out properly
 Education on 2600.141 was completed on 7/31/23

DME for resident 2 was sent to physician for completion on 8/1/23

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented [REDACTED] - 08/17/2023)

141a - Medical Evaluation (continued)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 7/18/23, the home's menu for the current week was not posted in a conspicuous place in the home.

Plan of Correction

Accept ([redacted] - 08/10/2023)

Menus will be posted at least two days prior to the beginning of a new month and they will be posted for the whole month

Dietary staff and/or designee will verify weekly that the menu is posted and accurate for 4 weeks.

Staff education was completed on 7/24/23 for Regulation 2600.162.c

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented ([redacted] - 08/17/2023)

181c - Self-administration Assessment

12. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

There was a tube of [redacted] resident #3's bedroom bathroom; however, the resident's medical evaluation, dated [redacted]/22, indicates the resident cannot self-administer medication. The resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding their ability to self-administer this medication.

Plan of Correction

Accept ([redacted] - 08/11/2023)

Resident in question does not self-administer medications. The resident assessment will be completed accurately, completely and timely. The checklist will be utilized to ensure that the resident assessment is completed within 30 days of admission and/or any significant change

Medications were removed and locked in medication cart

Audits being conducted

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ([redacted] - 08/17/2023)

183b - Meds and Syringes Locked

13. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

On [redacted]/23 at [redacted] p.m., a prescription bottle of [redacted] prescribed to resident #6 and a box of lancets and safety pen needles prescribed to resident #7 were unlocked, unattended and accessible to residents on the 3rd floor nursing station desk.

On [redacted]/23 at [redacted] p.m., there were several unlocked, unattended and accessible medications in the cabinet drawers located in the 3rd floor charting room, including:

- An unlabeled box of Imodium A-D anti-diarrheal caplets
- A blister package of [redacted], prescribed to resident #6
- A jar of [redacted] prescribed to resident #8
- A bottle of [redacted] prescribed to resident #9

Plan of Correction

Accept [redacted] - 08/10/2023)

Prescription medications, OTC medications, CAM and syringes will be maintained and locked in the med carts at all times, when not in use. After use, medications will be returned to and locked in the med cart promptly and timely after use

Random checks will be completed daily by Administrator and/or designee for 2 weeks then weekly for 1 week and then monthly for 6 months

Education was completed on 7/31/23

Meds were all disposed of on 7/19/23

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [redacted] - 08/17/2023)

187d Follow Prescriber's Orders

14. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted]/23, resident #6 was ordered [redacted], 1 tablet every 6 hours until gone. On [redacted]/23, there were still 8 tablets of 30 tablets remaining in the blister package that had not been administered to the resident.

REPEAT VIOLATION: 3/14/2022

Plan of Correction

Accept [redacted] - 08/11/2023)

Physician was faxed on 8/10/23 of the medication error. Fax and signature return fax is attached

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented [redacted] - 08/17/2023)

225a Assessment 15 Days

15. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment, dated [REDACTED]/22, for resident #4 does not include the resident's fall history, as indicated on the medical evaluation, dated [REDACTED] 23. Also, the diagnoses of [REDACTED] without complications, [REDACTED], are not included.

The assessment, dated 2/10/23, for resident #5 does not include the diagnoses of [REDACTED], [REDACTED], as indicated on the medical evaluation, dated [REDACTED]/23.

Plan of Correction

Accept ([REDACTED] - 08/10/2023)

The resident initial assessment will be completed accurately, completely and timely. The checklist will be utilized to ensure that the resident's initial assessment and annually are completed accurately
All residents assessments will be reviewed from January 1, 2023 to present to ensure they are completed accurately.
Going forward, the assessments for new admissions, change in status and annually will be audited weekly for 4 weeks and then monthly for 4 months - Chart audits will be completed on 8/18/23
Education was completed on 7/31/23 on Reg 2600.225a
Diagnosis was done on an addendum for Resident 4 and Resident 5 to match the DME

Licensee's Proposed Overall Completion Date: 08/08/2023

Implemented ([REDACTED] - 08/17/2023)